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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/382,907	
	Filing Date	08/25/1999	
	First Named Inventor	Keiser et al.	
	Group Art. Unit	2765	
	Examiner Name	A. Robinson-Boyce	
Total Number of Pages in This Submission	13	Attorney Docket Number	10269/11

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (a) Fee Address Indication Form; (b) Return Postcard
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Firm or Individual name	James J. Woods, Registration Number 47,184 BROWN, RAYSMAN, MILLSTEIN, FELDER & STEINER LLP
Signature	<i>James J. Woods</i>
Date	9/9/02

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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/382,907
		Filing Date	08/25/1999
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		Group Art Unit	2765
		Attorney Docket No.	10269/11
TOTAL AMOUNT OF PAYMENT		(\$)	110.00

METHOD OF PAYMENT		FEE CALCULATION (continued)																									
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 02-4270 Deposit Account Name: Brown Raysman Millstein Felder & Steiner LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																									
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																											
FEE CALCULATION																											
1. BASIC FILING FEE																											
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td></td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee		106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee			
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**or number previously paid, if greater; For Reissues, see above																											
		Other fee (specify)																									
		Subtotal (3) (\$)																									
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James J. Woods	Registration No. (Attorney/Agent)	47,184
Signature	<i>James J. Woods</i>	Telephone	(212) 895-2000
		Date	9/9/02

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